

Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines

The Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines are mandatory only for MI Choice program providers. These guidelines are optional for both Program of All-Inclusive Care for the Elderly (PACE) and Nursing Facilities.

APPLICANT INFORMATION

Date: _____

Applicant's Date of
Birth: _____

Applicant's
Sex:

☐ Female
☐ Male

Applicant's Name: _____

Person Answering Questions
(If different): _____

Relationship to Applicant: _____

Contact Phone Number: _____

DOOR 1

1. In the last 7 days, has the applicant needed hands-on assistance in moving around in bed, transferring from bed to chair or wheelchair, or standing, toileting or eating?

☐ Yes*, the applicant needed assistance with at least one of these activities.

☐ No, the applicant did not need assistance with any of these activities.

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to
CURRENT MEDICAID ELIGIBILITY.

DOOR 2

1. In the last 7 days, has the applicant had any difficulty remembering things significant to daily life, or difficulty remembering to take scheduled medications?

☐ Yes*

☐ No

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to
CURRENT MEDICAID ELIGIBILITY.

2. In the last 7 days, has the applicant had any difficulty making decisions regarding tasks of daily life, i.e., their decisions were poor or they relied on someone else to make decisions for them?

- ☐ Yes*, decisions were difficult or poor; or the applicant did not make their own decisions.
- ☐ No, decisions were not difficult. Decisions were made that consistently maintained the applicant's safety and quality of life.

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 3

1. In the last 14 days, has the applicant been examined by a physician, practitioner or authorized assistant which resulted in at least 1 physician visit and 4 physician order changes, or 2 physician visits and at least 2 physician order changes? (This does not include a routine health maintenance visit.)

- ☐ Yes*
- ☐ No

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 4

1. Is the applicant currently being treated for any of the following conditions?

Condition	Yes*	No
Diabetes (2 insulin order changes in last 14 days)	<input type="checkbox"/>	<input type="checkbox"/>
Stage 3-4 pressure sores	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous or parenteral feedings	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous medications	<input type="checkbox"/>	<input type="checkbox"/>
End-of-Life Care (life expectancy less than 6 months)	<input type="checkbox"/>	<input type="checkbox"/>
Daily tracheostomy care, daily respiratory care, daily suctioning	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia (within the last 14 days)	<input type="checkbox"/>	<input type="checkbox"/>
Daily oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis or Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>

*If "yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 5

1. Has the applicant been scheduled to receive or is receiving Speech, Occupational, or Physical therapy AND continues to require skilled rehabilitation therapy?

☐ Yes*

☐ No

* If the applicant is receiving or is scheduled to receive Speech, Occupational, or Physical therapy, and continues to require skilled rehabilitation therapy, the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY**.

DOOR 6

1. Has the applicant had any problems with any of these behaviors in the last 7 days?

Behavior	Yes*	No
Wandering	<input type="checkbox"/>	<input type="checkbox"/>
Verbal or physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
Socially inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
Resists care	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	<input type="checkbox"/>

* If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY**.

CURRENT MEDICAID ELIGIBILITY

1. Does the applicant currently have an open Medicaid case?

☐ Yes*, proceed to #2.

☐ No, proceed to **CURRENT INCOME**.

2. What is the applicant's Medicaid Beneficiary ID number or Medicaid Case number?

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If applicant does not know their Medicaid Beneficiary ID or Case number, ask for other identifying information:

Social Security Number: _____ Date of Birth: ____/____/____
MM/DD/YYYY

If the applicant responded to #1 with "YES," thank them for their time and tell them you will call if you cannot verify Medicaid eligibility.

Using the information given above, verify Medicaid eligibility by calling the Automated Voice Response System (AVRS) at **1-888-696-3510**.

- If AVRS confirms Medicaid eligibility for applicant, even if applicant has not yet met a deductible (spenddown) for the month, consider them to be probably financially eligible for MI Choice Program.
- If AVRS does not confirm Medicaid eligibility for applicant, proceed to **CURRENT INCOME**. (This may require calling the applicant back.)

CURRENT INCOME

1. What is the applicant's current total gross monthly income? (This should include all sources of income, i.e., Retirement Survivor Disability Income (RSDI), Pension, Annuities, etc. Gross income equals the amount of the check (net) plus any deductions, i.e., insurance premiums, taxes, etc. Do not include spouse's income.

RSDI (Social Security)	+	\$
Pension	+	\$
Annuities	+	\$
SSI	+	\$
Other (alimony, other cash income)	+	\$
GROSS INCOME	=	\$

If reported *GROSS* income is less than or equal to 300% of SSI, proceed to **REPORTED ASSETS**.

2. If reported GROSS income is greater than 300% of SSI, will there be a decrease in the applicant's income within the next 60 days?"

☐ **How much of a decrease in income does the applicant expect?**
Amount: _____

☐ No, do not consider financially eligible at this time.

If the decreased amount will bring total GROSS monthly income below 300% of SSI, continue to **REPORTED ASSETS**.

If the decreased amount will NOT bring total GROSS monthly income below 300% of SSI, do not consider financially eligible for the program at this time.

REPORTED ASSETS

For the purpose of this guideline (screening for financial eligibility), accept estimated asset values. Medicaid countable assets include, but are not limited to, bank accounts, cash value of life insurance if over \$1,500, money market accounts, stocks, bonds, personal retirement accounts (401K, Keogh, IRAs, etc.), revocable pre-paid funeral arrangements, certain trusts and annuities, all vehicles after the first (including boats, 4-wheelers, campers, trailers, etc.), and cash on hand.

1. What is the applicant's marital status? ☐ Single ☐ Widowed ☐ Divorced
☐ Married ☐ Separated

If answer is single, widowed, or divorced, proceed to #3. If answer is "married" or "separated," proceed to #2

2. Is the applicant's spouse receiving Medicaid long-term care benefits? ☐ Yes ☐ No

If Yes, what are the Medicaid long-term care benefits?

☐ MI Choice ☐ PACE ☐ Medicaid-funded nursing facility stay
(If checked proceed to #5)

If No, the applicant's spouse does not require long-term care, proceed to #7.

3. Does the applicant have assets (excluding their home, its contents and one vehicle) or is their name on another person's assets that total more than \$2,000 in value?

- ☐ Yes, proceed to #4
☐ No, consider probably financially eligible.

4. Does the applicant expect their assets to total less than \$2,000 in value within the next 60 days?

- ☐ Yes, consider probably financially eligible.
☐ No, do not consider financially eligible at this time.
☐ Unsure, consider probably financially eligible.

5. Does the applicant and their spouse have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$4,000 in value?

- ☐ Yes, consider probably financially eligible.
☐ No, proceed to #6.
☐ Unsure, consider probably financially eligible.

6. Does the applicant expect their assets to total less than \$4,000 in value within the next 60 days?

- ☐ Yes, consider probably financially eligible.
- ☐ No, do not consider financially eligible at this time.
- ☐ Unsure, consider probably financially eligible.

7. Does the applicant and their spouse have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$21,032 in value?

- ☐ Yes, consider probably financially eligible.
- ☐ No, proceed to #8.
- ☐ Unsure, consider probably financially eligible.

8. Does the applicant and their spouse expect to have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$21,032 in value within the next 60 days?

- ☐ Yes, consider probably financially eligible.
- ☐ No, do not consider financially eligible at this time.
- ☐ Unsure, consider probably financially eligible.

DETERMINATION

☐ Probably Eligible

☐ Probably Ineligible

MI Choice Program Staff Signature

Date